



**WELL CHILD EXAM -
ADOLESCENCE: 18 YEARS**
(Meets EPSDT Guidelines)

DATE

ADOLESCENCE: 18 YEARS

ADOLESCENT TO COMPLETE
ABOUT SELF

CHILD'S NAME		DATE OF BIRTH
ALLERGIES		CURRENT MEDICATIONS
ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT		TODAY I HAVE A QUESTION ABOUT:
YES NO	YES NO	
<input type="checkbox"/> <input type="checkbox"/> I eat breakfast every day.	<input type="checkbox"/> <input type="checkbox"/> I get some physical activity every day.	
<input type="checkbox"/> <input type="checkbox"/> I have someone I can talk to.	<input type="checkbox"/> <input type="checkbox"/> I get enough sleep; _____hours per night.	
<input type="checkbox"/> <input type="checkbox"/> I am happy with how I am doing in school and/or at work.		

WEIGHT KG/OZ. PERCENTILE	HEIGHT CM/IN. PERCENTILE	BLOOD PRESSURE	Diet _____
<input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history			Sleep _____
Screening:			<input type="checkbox"/> Review Immunization Record
Hearing Screen	MHZ	R L	<input type="checkbox"/> Hgb/Hct _____ <input type="checkbox"/> TB <input type="checkbox"/> Dental Referral
	4000	_____	<input type="checkbox"/> Cholesterol
	2000	_____	Health Education: (Check all discussed/handouts given)
	1000	_____	<input type="checkbox"/> Nutrition/weight control <input type="checkbox"/> Regular physical activity
	500	_____	<input type="checkbox"/> Driving & Alcohol <input type="checkbox"/> Injury prevention/safety
Vision Screen	R 20/ _____	L 20/ _____	<input type="checkbox"/> Tobacco Use <input type="checkbox"/> Drugs/Alcohol <input type="checkbox"/> STD/HIV/AIDS
Development	N A	_____	<input type="checkbox"/> Sex education/birth control <input type="checkbox"/> Suicide/Depression
Behavior	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> Dental Care <input type="checkbox"/> Self-Exam <input type="checkbox"/> Future Plans
Social Emotional	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> School Plans
Mental Health	<input type="checkbox"/> <input type="checkbox"/>	_____	Assessment/Plan: _____
Physical:	N A	N A	_____
General appearance	<input type="checkbox"/> <input type="checkbox"/>	Chest	_____
Skin	<input type="checkbox"/> <input type="checkbox"/>	Lungs	_____
Head	<input type="checkbox"/> <input type="checkbox"/>	Cardiovascular/Pulses	_____
Eyes	<input type="checkbox"/> <input type="checkbox"/>	Abdomen	_____
Ears	<input type="checkbox"/> <input type="checkbox"/>	Genitalia	_____
Nose	<input type="checkbox"/> <input type="checkbox"/>	Spine	_____
Oropharynx/Teeth	<input type="checkbox"/> <input type="checkbox"/>	Extremities	_____
Neck	<input type="checkbox"/> <input type="checkbox"/>	Neurologic	_____
Nodes	<input type="checkbox"/> <input type="checkbox"/>	Gait	_____
Describe abnormal findings and comments:			_____
_____			IMMUNIZATIONS GIVEN
_____			REFERRALS
NEXT VISIT:			HEALTH PROVIDER NAME
HEALTH PROVIDER SIGNATURE			HEALTH PROVIDER ADDRESS

Caring For Your Health at 18 Years

What Your Body Needs

Your dentist should be able to tell you when or if, you will be getting your wisdom teeth. Continue to brush with fluoride toothpaste and floss daily.

Learn how to be a smart health care consumer, it can save your health (life). Ask your doctor for a medical history form. Fill it out with your parents and keep it for YOUR records.

You will need health checkups throughout your life. Ask your doctor what preventive health screenings will you need and when you will need them. Blood pressure checks? Cholesterol tests? Pap tests? Mammograms? Shots? When? How often?

Young men should learn to do a testicular self-exam (check their testicles). Risk for testicular cancer is greatest in your 20's and 30's.

Young women should learn how to do a breast self-exam. Protect yourself by knowing your body.

For Help or More Information

To quit smoking: You can look up smoking cessation on the Internet or call the American Cancer Society or the American Heart Association.

Sexuality Information For Teens:
www.teenwire.com.

Domestic Violence Hotline:
1-800-562-6025

Many community centers and colleges offer stress reduction classes.

Healthy Behaviors

Regular exercise is very important. You need to exercise for a half an hour at least 3 times a week for the rest of your life. Invite your parents to walk or ride a bike with you, so they get exercise too.

Nutrition is always important. Remember, people keep growing into their twenties. Eat a balanced diet including fruits, vegetables and calcium. Many conditions in older age can be avoided by eating correctly as a young adult.

Find out about diet pills and steroids before you try them. Taking these drugs instead of eating food may mean your body is not getting the nutrients it needs. All drugs have side effects. Find out about these side effects.

Life Style

If you smoke or use chew find a program to help you quit. Besides causing cancer and heart disease, tobacco gives you bad breath and wrinkles your skin. Think of what you could do with the money you would save.

Recognize the signs of stress. Find ways to relax like exercise, yoga, art, or meditation. Take a stress reduction class.

Men and women should know about appropriate family planning, how to protect themselves from unplanned pregnancy, and sexually transmitted disease.

Safety Tips

Pay attention to safety. Use sunscreen. Be safe on the job. Wear protective gear, pads, helmets, back braces and safety glasses.

Use seat belts on every ride. Insist your passengers use theirs too.

Learn to protect yourself from sexual or physical abuse. It is never okay. Know that you can get help. If you know someone who is in danger, help them find a shelter or get other help.

Guidance to Physicians and Nurse Practitioners for Adolescence (18 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Screens for Sexually Active Teens

- Gonorrhea/chlamydia.
- Pap smear.
- Human immunodeficiency virus (HIV).

Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

High Risk Behavior

Discuss behaviors such as these:

- Depression.
- Drugs.
- Smoking.
- Sexual contacts (and need for protection and contraception).
- Suicide.
- Guns.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the US Centers for Disease Control and Prevention.